

## CLAIMS ONLY

Application Number	
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Filing Date

Applicant(s)	
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\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
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47						
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49						
50						
Total Indep	52					
Total Depend						
Total Claims	?					